

DISABILITY/RETIREMENT CLAIM FORM
KCDRB Form 4
LEOFF-I Waiver of Disability/Retirement Leave
(To be completed by LEOFF-1 member's employer)

Please submit this form directly to your LEOFF-1 employer. If you have questions, call the King County Disability Retirement Board at 206-263-6394, or 206-684-1556 (call center).

DATE: _____

MEMORANDUM TO: King County LEOFF-1 Disability Retirement Board
The Chinook Building, CNK-ES-0240
401 Fifth Avenue
Seattle, WA 98104-2333

FROM: LEOFF-1 member, disability/retirement applicant

Name: _____

Address: _____

SUBJECT: Waiver of Disability/Retirement Leave.

I, _____, do hereby waive the six-month disability/
retirement leave entitlement from _____ to _____
under the Washington Law Enforcement Officers' and Fire Fighters' Retirement Act, in
order to expedite commencement of disability/retirement to be effective on
this _____ day of _____, 20____.

Signed: _____ Date: _____
LEOFF-I member

The King County Disability Retirement Board for LEOFF-1 will only accept original signed and dated claim forms. If you are concerned about privacy, do not e-mail personal information or a copy of this completed form to the Board – your privacy over the Internet cannot be guaranteed.